

AMERICAN MEDICAL INTELLIGENCER.

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No. 11.

ART. I.—CASES ILLUSTRATING THE USE OF THE FORCEPS.

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The invention of embryospastic instruments has placed in the hands of the scientific obstetrician the means of frequently terminating at discretion difficult or tedious labour,¹ without injury either to the mother or child. Yet I am persuaded that the advantages to be derived from their judicious use are diminished, often entirely withheld, through the influence of a fearful array of imaginary difficulties and dangers, with which writers on midwifery have prefaced their application. The mind, and especially that of the young practitioner, revolts at the idea of adding to the sufferings or dangers it may be called to witness; and, though perhaps justly impressed with a sense of responsibility, overawed by the dogmas of teachers, procrastinates until interference is unnecessary, the efforts of nature having, after a fearful struggle, triumphed, or, what is perhaps as frequent, the patient sunk and beyond the reach of art.

The easy application of the forceps is entirely dependent on the stage of labour. Indeed, "when the os uteri is fully dilated, the soft parts relaxed, the head resting on the perinæum, or nearly so, and the pelvis of sufficient size to permit the attendant to reach the ear with the finger," it "is so simple, that any individual, with moderate experience, may readily effect it,"² and though their possible use allows of considerable range from this point, yet the nearer the head approaches it, the less will be the difficulty or danger attending the operation. Whenever, therefore, a case is thus far advanced, either the danger or suffering of the patient, or even the danger of the child, may call for the forceps. A few cases will, perhaps, better illustrate the principles by which I have been governed in practice.

CASE 1. *Exhaustion.* April 7, 1837.—J. W., aged 17. 1 o'clock, A. M. Had been in moderate labour thirteen hours, with first child, when her pains ceased entirely. At her urgent request she was now permitted to walk about the room, and they soon returned with great activity, and in less than two hours advanced the head so far into the pelvis that it touched the perinæum, when they ceased to press, though they continued almost constantly, and extremely agonising. Her pulse soon became very feeble, countenance sunken, forehead covered with a sticky perspiration: when, at 3½ o'clock, A. M., I applied the forceps, and in twenty-five minutes delivered her of a large healthy boy. She recovered very rapidly, getting about the house in a few days.

CASE 2. *Exhaustion.* March 13th, 1838.—A. J. 2 o'clock, P. M. Had been in severe labour with fifth child sixteen hours. Countenance haggard; pulse scarcely perceptible; occasional vomiting; uterus fully dilated, though the head remained high in the pelvis; vertex presenting, and so far advanced as to preclude the possibility of turning. Fearing that there might arise a necessity for using the perforator, I gave her some brandy and

¹ Alexander Hamilton's Midwifery.² Collins's Pract. Treat. on Midwifery.

camphor (and sent six miles over bad roads for Dr. Morris, for advice). She revived, her pains increased, and in three hours the head had so far advanced that the vertex touched the perineum; when she again became exhausted, the pains ceasing notwithstanding the continued use of stimulants. Dr. M. having arrived and concurring, I applied the forceps, which increased the pains, so that with very little assistance the child (a boy) was expelled. She recovered slower than usual with her, though without any symptom requiring treatment; and in the end both parent and child did well.

CASE 3. *Exhaustion—complicated—child dead.* March 13, 1837.—M. M. In labour with first child. Commenced actively; waters discharged before my arrival. On examination per vaginam, anterior fontanelle presented, with the funis in advance, protruding from the os tincæ, though dilated only to the size of a dollar. Every effort to keep it back proving unavailing, the labour was allowed to proceed without interference until the uterus was fully dilated, and the head engaged in the pelvis, when the pains not advancing the labour, I changed the position of the head to a vertex presentation. Though the pains declined in activity the labour advanced considerably during the three succeeding hours, when, after having been in labour twenty-two hours, she became restless, throwing herself from side to side of her bed; countenance sunken; pulse very feeble; with a cold and clammy surface. Judging that I could reach the head with the forceps (although the vertex did not rest on the perineum by an inch or more), I gave her some brandy, which reviving her, I applied the forceps, and assisting the pains completed the labour. Child (a boy) dead and much discoloured. The patient recovered very rapidly.

CASE 4. *Threatened Cerebral Irritation.* April 24, 1834.—P. E. In labour with her second child. During her former parturition her case assumed an anomalous character. I gathered the following history from herself and family. At the close of each uterine contraction the pain passed up the back to the head, producing there a sensation of extreme agony, and blindness, supposed at the time to be temporary, followed by a general nervous tremor. The labour terminated without assistance, and the patient was left with amaurosis, from which time, though a little improved, she had never recovered her sight. This unfortunate termination was attributed, with how much truth I know not, to a fall from her chair, hitting the back of her head against one of its posts, about two weeks before her labour.

At this time, after having been about six hours in labour, the head of the child being advanced, so as nearly to touch the perineum, a similar train of anomalous symptoms occurred. In a short time the suffering in the head became very severe. In fact the pain of the uterine contraction appeared to be almost perfectly transferred to the brain, and ceased to advance the labour. This state continued about an hour, when, fearing that the consequence of farther delay would be an augmentation of the existing amaurosis, I applied the forceps, and in twenty minutes delivered her of a living child (girl). Both the patient and the child did well; the mother's blindness remaining as before.

It will be perceived that the above cases were of a character that called for immediate action. If the forceps were necessary, their urgency admitted of no delay. Hence the rules that writers have attempted to establish, of waiting from six to twenty-four hours after the head shall have reached a position favourable to their application, were not considered applicable with them. Indeed I am confident that such rules can never be adopted in practice, with safety to the patient or credit to the practitioner. To me but one rule appears consistent. To use the forceps cautiously but promptly,—1. Wherever the danger of the patient can be diminished. 2. Wherever, without increasing her danger, her suffering can be in a considerable degree lessened. 3. Or wherever, without increasing either the danger or suffering of the mother, the safety of the child may be insured.

Buskirk's Bridge, Aug. 1, 1838.

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ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

1.—*Summary of Cases treated in Black Women's Medical Ward, from June 11th to July 23d, 1838.* Reported by ALEX. M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physician.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Dead.	Remaining
Acute Meningitis	1				1	
Bronchitis	1					1
Hypertrophy of Heart	1					1
Valvular Disease of Heart and Rheumatism	1					1
Chronic Articular Rheumatism	2	2				
Intermittent Fever (prolapsus uteri, neuralgia)	1		1	1		
Intermittent Fever	1	1		1		
Meteorism	1	1		1		
Ovarian Tumour	1					1
Diarrhoea	1	1		1		
Total	11	5	1	6	1	4

NOTES.

Acute Meningitis.—This case will be reported in a subsequent number.

Hypertrophy of Heart.—E. E., æt. 54, has been subject to spitting "red blood" for twenty years; and to giddiness and headache for twelve or fifteen years. If she stooped was in danger of falling, on account of the feebleness and giddiness, and has fallen. Vision about natural. For two years past has had five or six attacks of hemorrhage from the nose. Shortness of breath ever since she can recollect, but it has become worse for a year or two past. Two years since, had an attack of rheumatism in her right wrist; and another in January, 1838, in the wrist, and articulation of the left lower extremity. Has been subject to palpitation for twelve or fifteen years. Has slept with her head elevated for three months past. In January last, took cold, had pain in her limbs, the lower extremities were swollen to twice their natural size (œdema).

July 15th. Present state.—No pain in the joints; no œdema; dyspnoea; pulse 102, firm and regular; respiration easy, 20; palpitations at times.

Heart.—Impulse strong, diffused; first sound slightly roughened and prolonged, second clear; the head of the auscultator is raised at each systole. The praecordial region is prominent. Percussion—dulness of praecordial region commences at the summit of the fourth rib; laterally, extends from the left margin of sternum, to the distance of five inches. In the space of two inches square, percussion is perfectly flat.

Valvular Disease of the Heart and Rheumatism.—Entered the ward June 13th, 1838. This patient is 30 years of age. She has had, since 12 years of age, four attacks of articular rheumatism. The last was in 1833. Since that time she has been more or less short-breathed. For the last month or two her dyspnoea increased, obliging her to sleep with her window open. Slept with her head elevated. Legs have been swollen several times.

State, June 14th.—Large and muscular. Expression dejected; anorexia; great dyspnoea, amounting to orthopnoea; respiration high, 60; pulse 90; complains of pain in the ankles and knees, but there is effusion about the

joints; no pain in the chest; abdomen large; moderate effusion; fluctuation. Percussion—flat in the inferior fourth of both sides of the chest, posteriorly. Respiration there feeble.

Heart.—Impulse feeble; strong *bruit de soufflet* synchronous with the first sound, the second sound clear.

R. Digitalis, p. scillæ aa. gr. i.; fiat pilula quater in die sumenda.

R. Infusi baccar. juniperi $\frac{1}{2}$ ii. (cum potass. bitart. 3 iii.); pro potu communi: venæsectio ad f. 3 xvi.

June 17th.—The effusion in chest and abdomen has nearly disappeared. The pills and infusion have been continued. Yesterday the pain in the joints was much increased, they are now hot and swollen; still some oppression; can now lie down; respiration 48, laboured; action and sounds of the heart as at the time of taking the last note. Omittantur remedia. R. Vini semin. colchic. gtt. x. ter die.

June 28th.—Pain in the joints has ceased; appetite returned; no dyspnoea, except on exertion. The *bruit de soufflet* continues with the first sound.

Omittatur vinum colchici.

July 20th.—Since last note, has had a return of the rheumatic pains, under which she is still labouring.

Intermittent Fever, etc.—This was a double quotidian; large doses of the sulphate of quinine were given, which checked it permanently. The anomalous neuralgic pains were most relieved by the application of galvanic plates; indeed, the pain, which had previously persisted in spite of all remedies, ceased almost instantly after their employment.

Meteorism.—This patient is a large woman. Her abdomen was constantly distended, tender, and gaseous on percussion. Purgatives, antacids, and stimulating enemata were given without effect. She was cured by the introduction into the colon of a large male flexible catheter, by which an immense quantity of fetid gas was discharged. A tight bandage was immediately afterwards applied around the abdomen to prevent the further accumulation of the gas, and the consequent distension of the coats of the large intestine. The patient has had no return of these symptoms.

Ovarian Tumour.—E. H., æt. 36, entered the hospital July 5th. Married in 1822. Is the mother of three children. Her first and second were born at seven months; the first lived twenty-four hours, the second was still-born. In her third pregnancy she aborted at four months. Was struck in the abdomen the day previous by her husband. Does not recollect the date of her last child's birth; it was, however, previous to the present complaint. Her labours were pretty easy. Her husband was in the habit of beating her.

About twelve years since, she observed a tumour in the right inguinal region, about the size of a "teacup;" thought she was pregnant; had no pain in the part. The tumour continued to increase until it attained its present enormous size. At times, for a year past, could not urinate freely. Bowels were regular, and no difficulty in defecation until the last three months, since which time she has been costive; her bowels not being open at times for a week. Menstrual function has always been regular. Has lost flesh for two years. Never had œdema of the legs.

State, July 14th.—Rather thin; appetite good; respiration high, elevating her shoulders half an inch or more at each inspiration.

Abdomen.—Occupied by an enormous tumour, which is hard and resisting; small nodules can be felt here and there, but the surface for the most part is equal; no fluctuation. Patient is able to walk about.

Circumference of the most prominent part of tumour, three feet nine inches. Antero-posterior measurement, from the prominent part of the abdomen to the spinous process, seventeen inches. She was ordered a suspensory support for the tumour, and an opiate *pro re nata*.

A. M. VEDDER.

2.—*Summary of Cases treated in the Women's Lunatic Asylum, from June 12th, 1838, to July 20th, 1838.* Reported by J. C. ANDERSON, M. D., of Spartanburgh, S. Carolina, Senior Resident Physician in charge of the Asylum.

DIAGNOSIS.	Number.	Cured.	Discharged.	Relieved.	Died.	Remaining.
Periodical Insanity	1					1
Religious do.	1		1			
Acute do.	3		1			2
Chronic do.	2		1			1
Hypochondriasis	1		1			
Imbecility of Mind	3		1			2
Puerperal Mania	1	1	1			
Hysterical Mania	1			1		1
Epilepsy	2		2			
Mania à Potu	4	4	3	2		1
" " second stage	9	9	9			
Total	28	14	20	3		8

NOTES.

A. H., aged 38; admitted June 28. Is the mother of six children. A servant woman. Was attacked on the 20th with chills, followed by great excitement; pain in the head; confused vision; tinnitus aurium; great bearing down pain, and pain in the lumbar region; dyspncea; globus hystericus; all of which symptoms appeared to have been produced by exposure to cold and moisture during the flow of the catamenia, when the body was much heated. She was bled to twenty ounces the day before admission. When admitted the pulse was 80, quick, small, and firm; skin moist; tongue white. She was completely delirious, but not so violent as before admission.

A cathartic of aloes and pilula hydrargyri was ordered, and thirty leeches were applied to the vulva, followed by warm fomentations, with sinapsised pediluvia. After pursuing this practice for three days, the catamenia returned, with great alleviation of all her symptoms.

On the 1st July she went to the water room, and bathed her head and arms; in consequence of which the suppression of the catamenia recurred, with all her previous symptoms. The same treatment was adopted and continued until the 12th, at which time she was greatly relieved; still, great nervous excitement exists, and she has occasional attacks of hysteria, from which she will doubtless recover.

H. E., æt. 26; admitted June 6, 1838. Was delivered on the 24th of May. Is a woman of delicate constitution. Was healthy until she became pregnant; during which time she nursed her husband in sickness, and suffered great fatigue of body and anxiety of mind. Was bled twice during that time, and blistered on the nape of the neck. Had no flooding during delivery. Her nurse was not qualified for her duties, in consequence of which a great portion of them devolved on herself. She now became very religious, and three weeks after her confinement was taken with a chill, headache, delirium, and fever; which was followed by violent mania. When admitted she was greatly excited—incessantly talking, laughing, and crying; supposed she was Jesus Christ, and gave commands to her attendants accordingly. The tongue was moist, but coated in the centre, the sides of a bright red; pulse 100, small, quick, not easily compressed. Complains of some pain, with sense of fulness in the head.

Treatment.—The head was shaved and ice applied freely; she was cupped on the nape of the neck; a cathartic of rhubarb and calomel was prescribed, with ice lemonade for drink, and light vegetable diet. As the cathartic did not operate freely, the sulphate of magnesia was directed. This treatment was continued, with an occasional opiate to allay restlessness, for six or eight days, about which time her mania abated, and there was a gradual and complete restoration of mind. She was discharged on the thirtieth day after admission.

J. C. ANDERSON.

ART. III.—ABSTRACT OF A LECTURE ON THE DIVISION OF THE TENDO ACHILLIS AND OTHER TENDONS.

BY MR. LISTON.

(Delivered at the University College Hospital.)¹

Division of the Sterno-mastoid for Torticollis; of the Tendo Achillis for Club-foot; of Flexor Tendons for Contracted Knee-joint; of the Tendons of the Toes, for inflamed Corns, &c.

In the commencement of his lecture Mr. Liston said the division of tendons for the cure of deformity was by no means a new proceeding; it was frequently resorted to by many of the older surgeons, among whom were John Mekran and Mr. Sharpe, a surgeon of Guy's Hospital, nearly a century since, which latter was in the habit of dividing the origin or attachments of the sterno-mastoid muscle, for the cure of torticollis. This operation had been repeated of late years by Sir B. Brodie, by the late Baron Dupuytren, and he, Mr. Liston, had seen cases in which its performance was attended by good results. It was a proceeding, however, which was not frequently called for, inasmuch as the twisted state of the neck was generally produced by disease of the vertebrae, or from a painful swelling or ulcer on the side of the neck, producing such an alteration in the structure of the part as to render operative proceedings useless. Delpach might justly be considered as the founder of the operation of dividing the tendo achillis for the cure of club-foot. He had related, in his "Chirurgie Clinique," several cases of varus, as they were called, and described the plans of his apparatus for carrying out his mode of curing them. One or more cases were related in which the tendon was divided. His plan was to make a longitudinal incision on each side of the tendon, through which he slipped his knife, and divided the tendon from before backwards. Within the last year or two a great number of cases in which the tendo achillis had been divided, had occurred, and were related by the operators, Stromeyer, Diefenbach, Guerin, and Dr. Little, who himself was the subject of varus, and had published a thesis on the deformity. This gentleman had also latterly published a number of cases in which the tendo achillis was divided for the cure of deformity, to which he had given odd and long-sounding names, such as talipes equinus verus, &c. &c. The deformity of the foot presented itself in a variety of forms. When the under part of the foot was turned inwards, the deformity was termed varus. In other cases, the foot was turned outwards. The first, however, was the most common deformity, and in this case the toes were turned inwards, the patient rested on the cuboid bone, and the root of the metatarsal bone of the little toe. The bones of the foot in this kind of deformity were little altered in form or appearance. They had attained their ordinary size, and were little distorted regarding their position one with another. After a time, however, if the deformity was not remedied, the bones on the inner side of the foot dimi-

¹ Lancet, June 23, 1838, p. 421.

nished in size by interstitial absorption ; the internal cuneiform, the os calcis, and the soft parts covering them, became altered. The patient rested on this part, the integuments of which became thickened, and a bursa formed in this situation. The limb on the affected side, to the knee-joint at least, lost its size and strength, the muscles becoming soft and flabby, and losing their red appearance. In many cases which were met with, the heel was much elevated, owing to the natural shortness of the gastrocnemius and soleus, and their combined tendon ; other tendons were also necessarily shortened, while, on the other hand, some tendons, as those of the peronei, were of course elongated. Sometimes, in the deformity called "horse-foot," the patient rested on the distal extremities of the metatarsal bones ; this deformity was congenital, sometimes affecting both, sometimes one of the feet. A variety of apparatus had been invented for the purpose of curing these deformities, almost every instrument-maker having a plan of his own. The celebrated Scarpa had recommended one kind of instrument, Delpach another, and Mr. Colles, of Dublin, another. Sometimes the use of an iron, which, passed up on each side of the leg, if continued for years, might effect a cure, but there was always much opposition from the contracted state of the tendons, particularly of the tendo achillis, the division of which much accelerated the cure, leaving the instrument-maker much less to do, or at all events diminishing his difficulties. When the tendo achillis was divided by accident, it united after a time in a favourable manner, a substance being deposited between the ends of the divided tendon ; this substance became dense and fibrous, and could not be distinguished from the tendon itself. Horses were subject to an acquired deformity, in which they walked on the point of the hoof of one of their feet. Most of the pupils had seen horses going about with this deformity. Veterinarians had long been in the habit of cutting across the flexor tendons for the relief of this state ; they were not at all particular as to the mode in which they performed the operation ; they just drew the knife across the leg, and brought the foot into its proper position ; the tendons soon united, even though, in some cases, there was a space of three or four inches between the ends of the divided portions, new matter, resembling the original tissue, soon filled up this space, and the cure was completed. It was from reasoning on these facts that Delpach was induced, in 1816, to resort to the proceeding of dividing the tendo achillis, but he cut through the integuments awkwardly. (Mr. Liston here exhibited several casts, also specimens of the deformity, at various ages, dissected, and a horse's tendon, which had been cut and united.) There, said he, was a specimen of varus ; and there two cases in which the foot was permanently extended, the patient, in one case, having walked on his toes with one foot ; in the other, both feet were affected from birth. In all these cases the foot was brought into the natural position by division of the tendo achillis, which proceeding materially assisted the apparatus-maker. He alluded shortly to a case of acquired extension of both feet which had occurred some years ago, during a severe attack of rheumatic gout, or rather of gonorrhœal rheumatism. The heels could not be brought within several inches of the ground ; the patient had been to watering-places, and had been most judiciously and anxiously treated, but without relief. The tendons, in a most rigid state, were divided with great benefit. The operation was easily performed ; there was no necessity of dividing the integuments ; a small punctured wound with a very narrow bistoury, or what was better, with a needle somewhat resembling a cataract needle, being sufficient. He had divided many with that needle (showing it) with scarcely a perceptible external wound ; the tendon was first to be felt for, and being found, the instrument was to be passed close to it, between it and the bone ; there were no blood-vessels or nerves likely to be wounded ; the point of the instrument was then to be turned towards the tendon, which was to be tickled through and divided gradually ; the division was indicated by an audible snap. There was a slight effusion of blood internally about the ends of the divided ten-

don, but there was no mark or external injury, no swelling, inflammation, or its consequences. The extremities of the tendon soon poured out plastic matter, and this uniting medium, at the expiration of about ten days, might be extended by means of the apparatus employed for this purpose, and in six or eight weeks the foot would be brought into its natural position. In this case (showing a cast), the patient's foot was not only extended but turned inwards. A cure was effected by a rod which was passed up the inner side of the foot. In this case (showing another cast) the patient had distortion of the spine accompanying the deformity of the foot. In two months after the division of the tendon he was able to walk about, the foot being of the natural shape, and altogether of a better form; there was only a little bulging to be perceived in the situation of the divided tendon. There (showing the bones of a foot) was a case in which all the bones were altered in form; the os calcis was smaller than usual. This patient walked all his life on the outside of the foot; a large bursa had formed underneath the thickened cuticle.

The division of tendons answered the purpose of curing deformities in other situations. A case had been in the hospital in which the knee-joint was contracted. The tendons of the semi-membranosus and semi-tendinosus were divided. The contraction, in this case, resulted from an attack of rheumatism some time since. After the tendons were divided, a screw-joint apparatus was applied, similar to that used in fractures of the bones of the leg, by which means the leg could be gradually extended from day to day by turning the screw. The knee-joint of this patient originally formed a right angle, but she was now enabled to put her toes to the ground, though she was still obliged to use crutches. He, Mr. Liston, would get the knee extended an inch or two more, if possible, not quite straight, however, as the patient would not walk so well as though it were slightly bent. He hoped, by dividing the tendon of the biceps, to produce this extension.

He, Mr. L., has also latterly divided the tendons of the toes—an operation, he believed entirely new—for a common deformity. He often found the toes bent permanently; the middle toe, generally, sometimes the little toe, which stood up above the others. This deformity was either congenital, or arose from the use of tight shoes. The integument on the convexity of the joint became thickened, and a corn formed. The pain in these cases was sometimes so severe that the patient begged that amputation might be performed. A corn, as the students were aware, not only consisted in a thickened state of cuticle, but there was often a small adventitious bursa underneath it; this bursa sometimes inflames and suppurates; here was a specimen in which this was seen (showing a preparation), and in this case the toe was amputated. In this specimen the papillæ of the cutis were also much enlarged; this occurred from the greater demand for the secretion of cuticle, as was also observed in the paw of the dog. Some chiropodists, as his friend, Mr. Durlacher, were very dexterous in cutting out a corn, and with scarcely any pain, by which means a cure was effected; but in cases in which the toe was, from its awkward position, constantly subjected to pressure, the suffering was much increased, and interference with the corn was of little use. It was in such cases that patients applied for the performance of amputation. He, Mr. L., had some time ago been requested by a gentleman to amputate both his little toes, which had become affected in the way described. In this case he did not wish to remove the toes, but the suffering was so great that the patient insisted on its being carried into effect. At length it was agreed that one toe should be removed, on condition that the other toe should be treated as he, Mr. L., wished, by the division of the extensor tendon. This proceeding was accordingly adopted. The toe, the tendon of which was divided, was brought into its proper position, and the foot soon became healthy and well. The patient was laid up with the foot from which the toe had been removed, for five or six weeks, an abscess having formed on the dorsum; and he did not go sound for long

after with this foot, while with the other he need not have been confined a single day. He, Mr. L., had operated on cases of a similar nature successfully, and had others under his care, in which he meant to pursue the practice. It did not deserve the name of an operation, being unattended with pain, or the loss of more than one drop of blood.

ART. IV.—BLOCKLEY HOSPITAL REPORTS.

Observations on the Effects of Iodine. By ALEXANDER M. VEDDER, A. M., of New York, one of the Senior Resident Physicians of the Philadelphia Hospital.¹

There are usually, in the venereal wards of this institution, from fifty to sixty patients, male and female; by far the greater number of whom do not enter until they are compelled to do so on account of the development of secondary symptoms. During the winter of 1837-8, the visiting surgeon gave the various preparations of iodine a fair trial, both internally and by external application.

Our attention was early called to the two following points,—does iodine cause inflammation of the mucous membrane of the stomach and bowels? and does it promote absorption of the testes? From the subjoined observations, and from the observation of at least fifty patients who took this remedy, we are led to answer that it does not.

CASE 1.—J. O'D., ætat. 25; entered the ward with syphilitic rheumatism. October 21st, 1837.—Commenced taking Lugol's solution (gtt. v. ter die). Soon after his entrance syphilitic iritis became developed, which was treated by local and general depletion, and revulsives to the alimentary canal; by which means he was cured of that affection. On the 1st of January the solution was suspended, and the following substituted:—R. Iodini gr. ii ss.; potassii iodidi gr. y.; aquæ 3 iv. M. Sumat cochleare parvum quater indies.

This prescription was continued until the 23d of January, at which time the patient was unable to perceive any difference in the size of his testes.

CASE 2.—John M., ætat. 27, entered the Eye Ward with chronic inflammation of the conjunctiva. Was treated locally by anodyne and stimulating applications. He commenced taking Lugol's solution (gtt. v. ter die) on November the 21st, and continued it until January the 5th. Thinks his testes are neither larger nor smaller than before taking the iodine.

CASE 3.—Jacob S., ætat. 18. This patient entered the ward with secondary syphilis. His limbs and face were covered with ulcerations, varying from the size of a shilling to that of a dollar. He had treated himself with mercury and was severely salivated. Was very feeble and much emaciated at his entrance. The sulphate of quinine was prescribed for him, with good diet and porter. Had also severe syphilitic rheumatism. The pustular eruption and ulcers were treated successfully by the application of the tincture of iodine.

December the 16th, 1837.—Commenced taking the liquor ferri hydriodatis (gtt. v. ter die), and on December the 31st, ten drops of the tinctura opii were added, which were continued until the present time (February 2d, 1838). The testes are small, and the patient thinks *rather smaller* than at the time of entrance, *but he is not sure*.

CASE 4.—Frederick S., ætat. 34; entered with syphilis. His buboes were treated with the unguentum iodini and the cupri sulphas. November the 21st, commenced taking Lugol's solution (gtt. v. ter die); and, on the 28th,

¹ These observations were made by myself and Edward M. Moore, M. D., late Resident Physician of the Philadelphia Hospital, and now Resident Physician of the Frankford Asylum for the Insane.—A. M. V.

the dose was increased to gtt. x. ter die. Continued taking ten drops until January the 21st, 1838, when the following was substituted:—R. Iodini gr. x.; potassii iodidi 9*i.*; aquæ 3*iv.* Sumat fluidrachmam ter die.

This prescription was continued until the 2d of February. The patient can perceive no alteration in the size of his testes.

CASE 5.—Hugh K., æt. 25. This man has been in the Venereal Ward since August 1836. He entered with hernia humoralis and ozæna. His constitution is completely broken down. Has been salivated several times. Had sore throat when he commenced taking medicine, as well as pain in his bones.

November 21st, 1827.—Began with Lugol's solution (gtt. v. ter die), and on the 13th of December the dose was increased to gtt. x. December the 21st the following was substituted:—R. Iodini gr. v.; potassii iodidi gr. x.; aquæ 3*iv.* M. Sumat fluidrachmam ter die.

This was continued until the 15th of February. One testicle suppurated soon after his entrance; the other became atrophied. The patient can perceive no difference in the size for the last six months, which includes the time he has taken the iodine.

CASE 6.—William N., æt. 23, contracted syphilis two years since. Has been salivated twice. The glans penis sloughed off. Has had secondary eruption and rheumatism since his entrance. The eruption now (Feb. 2, 1838) covers his face. Has also an ulcer on the corpus spongiosum, and probably ulceration in the urethra. Is of a nervous temperament. Has taken gentian and Dover's powders along with the iodine. December 13th, 1837, took the following prescription:—R. Iodini gr. ii *ss.*; potassii iodidi gr. v.; aquæ 3*iv.*; capiat fluidrachmam ter die.

December 20th.—The quantity of iodine and iodide of potassium was doubled; and on the 2d of February, 1838, it was discontinued. The testes are of good size; the patient is unable to perceive any alteration in them.

CASE 7.—David B., æt. 34. November, 2, 1838. Entered the ward with syphilis: fungous testicle, caries of the cranium and of the bones of the fore-arm, and syphilitic rheumatism showed themselves soon after his admission.

November 28th.—Took Lugol's solution, (gtt. v. ter die.)

December 13th.—The dose was increased to gtt. x.

December 20th.—The liquor ferri hydriodatis, in the dose of five drops three times a day, was substituted; and on the 26th the dose was increased to ten drops three times a day. It was discontinued on February 2d, 1838.

The disease of the testicle in the mean time got well; but on the 1st of February it again became sore; the serotum suppurated and exposed the body of the testis. The sound testis is somewhat smaller. Patient thinks it *has grown smaller* within the last three months, which includes the time he has been taking the iodine.

CASE 8th.—Michael D., æt. 25. Had primary syphilis fifteen months since; soon after the attack, was salivated, and discharged cured, three weeks after the appearance of the disease. A few weeks afterward secondary symptoms showed themselves. He entered the ward in July 1837. Has been salivated once since.

December 21st.—Commenced taking the following mixture:—R. Iodini gr. ii *ss.*; potassii iodidi gr. v.; aquæ 3*iv.* M. Ft. solutio cuius sumatur fluidrachmam ter die.

This was continued until the 29th of January. His testes are tender and very small, but he thinks no smaller than before he took the iodine.

CASE 9.—James M., æt. 37 years. Had a discharge two years since from the urethra; “never had sores.” About three weeks after the attack was treated by a physician for psora with the unguentum hydrargyri, which salivated him. The “running” was cured in a few days. Entered the ward on the 8th of January, 1836, with pains in the bones and nodes. Has been

sulivated four times since his entrance. November the 21st took the following:—R. Iodini gr. ii ss.; potassii iodidi gr. v.; aquæ 3 iv. Sumat fluidrachman ter die.

This was continued until the 23d of February, 1838. During the last eight weeks has had orchitis of the left testis, and hydrocele of the right side for six months. The orchitis was treated with evaporating lotions and the black wash without much relief. A blister to the inside of the thigh relieved him most. For the last week has been treated with unguentum plumbi protoiodidi to the testis. The inflammation and pain have since subsided. The testis of the right side is of natural size.

It will be seen that no mention is made in these observations of the effects of iodine on the stomach. Of the large number of patients who took it, we saw but one case in which we suspected gastric inflammation; the symptoms disappeared, however, in a day or two. They were probably incidental, and in no way connected with the medicine.

A. M. VEDDER.

BIBLIOGRAPHICAL NOTICE.

*Jeanes's Homœopathic Practice of Medicine.*¹

This work—like all the homœopathic productions on the practice of medicine—is calculated to make the rational practitioner—homœopathist as well as allopathist—ponder as to the value of reputed experience. If, indeed, we compare its inculcations with those of the works on the practice of physic which appeared one hundred and fifty years ago, we observe a striking similarity in the authoritative manner in which particular remedies are prescribed for particular diseased conditions. Yet most of those ancient remedies are now neglected, although all will be ready to admit that they must have been recommended originally on fancied experience. Subsequent experience seemed, however, not to corroborate the impressions of our forefathers, and accordingly they have been discarded. Yet which decision, it may be asked, was the more correct? We should unhesitatingly say the latter, in most cases; for we may well doubt the potency of any remedy whose operation cannot be rationally explained; and every physician of extended opportunities well knows, that his cases proceed with infinitely more satisfaction when he reposes upon general principles, than when he drugs his patient irrationally, owing to his undue confidence in the adaptation of special remedies for special morbid conditions.

We are bound to suppose that in the case of all the remedial agents recommended in the homœopathic works, experience has sanctioned their employment; otherwise we must presume that there has been intentional deception, of which—except from the character of the recommendations—we have no sufficient evidence.

Regarding them then as the suggestions of "experience," let us adduce a few extracts from the work before us, in which there is a singular freedom from all pathological and therapeutical discussion, whilst the remedies are pointed out as categorically as mercury is in syphilis, by those who sagely

¹ *Homœopathic Practice of Medicine.* By Jacob Jeanes, M. D. 8vo, pp. 392. Philadelphia, 1838.

esteem it as an antidote, who eschew all "rational" practice, and regard pathology as of no assistance to therapeutics,—of whom, fortunately, there are, at the present day, but few so benighted.

The following are amongst our author's definitions and prescriptions for particular affections; given—it will be observed—in a very aphoristic, if not in a very lucid, manner.

"**FISTULA IN ANO.** *Calcis c., carbo reg., nux v., sulph.*, have been employed in this disease with advantage."—p. 25.

"**APHRODYSIA [APHRODISIA].**—Functional disorders of the organs of generation. [?]

"**SATYRIASIS**, *nux v. cinch., camph.* **PRIAPISMUS**, *pulsat.* **ONEIROGMOS**, *aconit. acid phos., conium, pulsat.* **IMPOTENTIA**, with sexual desire but absence of erection, *camph., acid mur., cinch.*; I. from excessive venery, *acid. ph.*; I, from onanism, *conium, lycopod., sepia*; I. with erection without seminal emission, *magnes. pol. austral.*; I. with induration of the testicles, *lycopod., graphit., sulphur.* **NYMPHOMANIA**, *platin., dulc., verat.*; **STERILITAS**, *cannab., calcis carb., phosph.*"—p. 27.

"**PARONYCHIA.**—Panaris. Panaritium. Felon. Whitlow.

"**Silex.** *P. cutanea*; *P. tendinis*; *P. periostii*.

"This remedy has been found useful in all the forms and stages of paronychia; but it is the chief, if not the only remedy, now known for those cases which have been badly treated in the commencement, until there is a painful fungous ulceration formed, or caries of one or more of the phalanges has taken place. The curative power evinced by silex, in these cases, is very great.

"**Sulphur.** In all the forms of paronychia, in their incipient stages, sulphur is the remedy generally recommended by those who have had much experience in the treatment of this disease. In *P. cutanea*, with suppuration under the nail, it has been found useful.

Magnet. pol. arct., as also *sepia* have been reported to have proved highly beneficial in paronychia."—p. 320.

These examples are sufficient to show the manner and matter of some of the parts of the work, which, by the way, as regards the type and the paper—the whole "getting up," indeed,—is creditable to the taste of the author, and to the skill of the printer.

Diagnosis of Amaurosis and Cataract. By M. SANSON.—In a lecture on ophthalmology recently delivered to his class, Prof. Sanson expressed himself in the following language:—"When you hold a light before the eye of a person affected with amaurosis, and in whom the pupil is enlarged by disease or by the action of belladonna, you see constantly and plainly in the patient's eye three images of the flame. Two of these are upright and one reversed; and they appear in the following order:—The foremost, which is also the most conspicuous, stands upright; the deepest, which is also the palest, is likewise upright; and the third, which is situated between the other two, is inverted. This last image, which is paler than the first, but more vivid than the second, is the smallest, and has this property, that in the side motions which you make with the light, it constantly appears on the side opposite to the latter, while the two first on the contrary always follow it. As it is difficult for one who has never seen this triple phenomenon, to detect it, the following directions will aid you in so doing:—The patient must be placed as much in the dark as possible, and the observer, who stands exactly in front of him, carries the light toward the external side of the eye, in such manner that the upright prominent image, which is very large and very bright, appears in the external and upper part of the

pupil ; the inverted image is then remarked, about a line distant from the preceding, at the union of the middle with the lower third of the diameter of the pupil. If foiled in this attempt, you must move the light slowly up and down, and the image will be observed to perform corresponding motions. The hindmost image, which is much paler and larger than the inverted, is somewhat difficult to find. If the light is placed at the external angle, the inverted image must be sought exactly inwards from the prominent one, of which it is probably the reflection. In cataract, whatever the degree in which the disease exists, these signs are wanting."

The author of these remarks has since performed a series of experiments, partly with artificial lenses, and partly with the eyes of animals, the result of which is as follows,—the prominent upright image is produced by the cornea, the inverted by the posterior segment of the capsule, the posterior by the anterior segment of this membrane. If the aqueous humour disappears, so that the cornea is brought nearer to the lens, the inverted image becomes the prominent one. When all the images are wanting, it follows that the cornea is so opaque as to prevent the rays from reaching the lens and its capsule. On the same ground, when two of the images are wanting, these must be the two deepest. When one only is wanting, it must be the inverted one. When all three are present, it proves that there is nothing unusual in the lens, and the cause of blindness must be sought elsewhere. The most important fact is, that M. Sanson has derived practical advantage from these new pathognomonic signs in three cases, viz. a case of glaucoma, and one of amaurosis, which had been mistaken for cataract ; and a third case of supposed amaurosis, in which M. S. succeeded in detecting a real cataract.

External Application of Calomel for Chancre. By EDWARD J. BURTON, M. D., Assistant Surgeon, Royal African Corps.¹—The internal administration of mercurial preparations being at the present time considered by many not only useless but even injurious, it becomes a desideratum to discover some effectual and speedy method of curing primary syphilitic sores. Having seen many cases of chancre, some not characterised by any bad symptoms, others again in every feature resembling the Hunterian chancre, with excavated edges, indurated base, &c., cured by the simple treatment I mean to detail, I think it not inappropriate to lay it before the profession.

CASE 1.—Several years ago a gentleman who had contracted a sore on the penis, having all the characteristics of chancre, consulted me. The bowels being opened by an aperient, I applied the nitrate of silver to the sore, covering it with lint; this I removed in twenty-four hours. I now covered the surface of the sore with calomel, applying a piece of lint as before; this dressing I also removed in twenty-four hours. After the first application of the calomel I was struck with the evident improvement in the appearance of the ulcer; on the second application the sore was not only much improved in appearance, but nearly cicatrised; on the third application the sore was entirely healed. Being probably struck by the result of this case, I have ever since adopted this treatment, and invariably with success. More recently, at the Chatham Military Hospital, I had an opportunity of putting this treatment to the test in an exceedingly satisfactory manner.

CASE 2.—M. T.—, a young soldier, of full habit and good constitution, was admitted into hospital with a syphilitic ulcer of the penis, situated at the junction between the glans and prepuce; he was treated for eight or ten days, before he came under my care, by the usual applications, such as solution of the sulphate of copper, black wash, &c., without any apparent benefit. The sore now presented a surface as large as a sixpence, and of

¹ *Lancet*, June 30th, p. 479.

unhealthy appearance; I immediately applied the nitrate of silver and calomel in the manner above described, and in three days the patient was dismissed to duty.

Having shortly after received two patients with chancres on the penis, in every way similar, to one I applied the *nitrate of silver and calomel*, for the other I prescribed the compound mercurial pill and the black wash. The patient treated in the former way was cured by three or four applications; the latter improving, but slowly, after eight or ten days I stopped the mercury and black wash, and applied the calomel and nitrate of silver with the usual success. My friend, Dr. Burgess, of London, can testify to the efficacy of this method of treatment, having witnessed several of the cases.

Although the practice here recommended is entirely local, I do not wish it to be inferred that I confine myself altogether to local means for the cure of syphilis; indeed, if we keep in view the prevention of secondary symptoms (a thing never to be neglected) the records of the medical department of the army are in favour of the internal administration of mercury for that purpose. But the speedy cure of the primary ulcer is, in all cases, a matter of great importance, as the more quickly the sore is healed the sooner the syphilitic virus ceases to be taken up by the abortents.

Chatham, June, 1838.

Tannate of Lead in White Swelling.—This remedy has been strongly recommended by Fantonetti,¹ one part of the tannate being added to two parts of the unguentum rosatum, or any simple ointment, and rubbed for some time on the affected parts night and morning.

Mortality from Amputations.—In an interesting statistical article, lately published by Dr. G. W. Norris, Surgeon to the Pennsylvania Hospital,² he draws the following important deductions relative to amputation, as the result of seven years' practice in the Pennsylvania Hospital.

“1st. That amputation is to be regarded as an operation attended with much danger to the life of the individual.

“2dly. That the chances of success after it are much greater in persons who have been for some time suffering from chronic diseases, than in those who have it done whilst enjoying robust health.

“3dly. That amputation of the lower extremity is much more fatal than that of the superior member, and

“4thly. That the danger increases with the age of the individual operated on.”

Fifty-six amputations were performed, the results of which will be best exhibited by the following table:—

		Number of cases.	Died.
Thighs, 13	For chronic diseases,	7	2
	Accidents,	6	4
Legs, 16	For chronic diseases,	3	2
	Injuries,	11	7
Feet,		4	1
Shoulder joint,		2	1
Arms,		6	2
Forearms,		13	2
In the continuity of the metacarpal bones,		2	

¹ Giornal. di Patholog. di Venezia, Gaz. Med., No. 7, 1838, and Zeitschrift für die gesammte Medicin. Mai, 1838. s. 84.

² Amer. Jour. of the Med. Sciences, Aug. 1838, p. 315.

"Of the above 56 amputations on 55 patients," says Dr. Norris, "24 were primary, of which 14 were cured and 10 died,—four of the deaths occurring within the twenty-four hours immediately following it; 12 were secondary, of which 5 were cured and 7 died; 20¹ were for the cure of chronic affections, of which 15 were cured and 4 died; 23 of the amputations were of the upper extremity, of which 18 were cured and 5 died; 33 were of the lower extremity, of which 17 were cured and 16 died; 6 were amputations of the joints, of which 4 were cured and 2 died.

Of the fifty-five patients operated on,

9 were under 20 years of age, of whom 8 were cured and 1 died."

21 between 20 and 30 " 15 " 7 "

16 between 30 and 40 " 9 " 7 "

9 between 40 and 50 " 3 " 6 "

Mr. Benjamin Phillips, Surgeon to the St. Marylebone Infirmary, has been investigating the same subject. In a late number of a British periodical² he has published "Observations arising out of the Results of Amputation in Different Countries," being the substance of a paper read before the Royal Medical and Chirurgical Society, at a meeting held on the 14th of November, 1837.

In this paper he concludes that the mortality succeeding to amputation is very great—23 per cent.; and the following is the "proportion furnished by the different countries implicated in the enquiry."

	Cases.	Deaths.	Per cent.
France,	203	47 or	23.6
Germany,	109	26	23.9
America,	95	24	25.3
Great Britain, 233	53	22.6	
	640	150	23.4

The per centage according to the estimates of Dr. Norris is still greater.

We stated in an early number of the "Intelligencer,"³ that "in some of these trying cases, which occasionally present themselves to the surgeon, and which were formerly doomed universally to the knife—such as compound fractures and luxations—and where he decides upon saving the limb and the patient dies, it is too commonly believed, that if amputation had been resorted to life would almost certainly have been preserved." The enquiries of Dr. Norris and Mr. Phillips offer additional evidence of the erroneous nature of such an inference.

We trust that the surgeons of other large hospitals will follow the example set by these gentlemen, and publish their experience to the profession.

Dartmouth College.—Dr. Oliver Holmes has recently been elected to the Chair of Anatomy; and Drs. Dixi Crosby and Elisha Bartlett to the Chairs of Surgery and Theory and Practice of Medicine in this institution.⁴ The first of these gentlemen is well known to the profession by the contributions which he has from time to time offered to science,—some of which we have noticed in the "Intelligencer."

¹ One of the patients here included suffered double amputation.

² Lond. Med. Gazette, for June 9, 1837, p. 457.

³ Vol. I., p. 47.

⁴ Boston Medical and Surgical Journal, Aug. 15, 1838.

NECROLOGY.

M. Dugès.—This gentleman, who was professor at Montpellier, died recently of typhus fever, at the age of 41.¹ He was well known by his work on diseases of the uterus, written in conjunction with Madame Boivin. He was likewise the author of an elementary Treatise on Midwifery, and of several articles in the *Dictionnaire de Médecine*.

Dr. Deckman, of Kiel.—This eminent physician, who was born at Rendsburg, in 1798, was Extraordinary Professor of Anatomy and Surgery in the University of Kiel.² He published in 1830 his "Studium Anatomiae et Physiologie." He was the author of several reports of the surgical clinic of Frederick's Hospital, in Pfaff's *Mittheilungen*, for 1833. He died of phthisis, on the 25th of Feb., 1837, in the 39th year of his age.

BOOKS RECEIVED.

From the Publishers.—Human Physiology ; illustrated by engravings. By Robley Dunglison, M. D., M. A. P. S., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia, one of the attending Physicians to the Philadelphia Hospital (Blockley), Fellow of the College of Physicians of Philadelphia, &c. &c. (With a motto.) 2 vols., pp. 562 and 620. Philadelphia, 1838.

From the Author.—The Second Annual Report of Dr. Francis T. Stribling, Physician to the Western Lunatic Asylum ; made the 7th of July, 1838. 8vo, pp. 21. Staunton, Va., 1838.

Proceedings of the Physico-Medical Society of New Orleans in relation to the trial and expulsion of Charles A. Luzenberg, (with comments on the same.) Published by order of the society. 8vo, pp. 20. New Orleans, 1838.

Transylvania Catalogue of Medical Graduates, with an appendix, containing a concise history of the school from its rise to the present time. 8vo, pp. 35. Lexington, 1838.

Manuel de Clinique chirurgicale, a l'usage des étudiants et des praticiens, contenant la manière d'observer en chirurgie, un exposé des signes diagnostiques et des caractères anatomiques des maladies chirurgicales, et un sommaire des indications curatives ; par A. Tavernier, Docteur en Médecine de la Faculté de Médecine de Paris, &c. Troisième édition. 12mo, pp. 440. Bruxelles, 1835.

Handbuch der medicinischen chemie nach den neuesten und besten quellen, mit berücksichtigung ihrer technischen anwendung, bearbeitet für Aerzte, Wundärzte und Studirende, so wie zum Selbststudium und zur vorbereitung zum Examen, von Karl Gottlieb Wilh. Reichel. Bevorwortet von D. Heinrich Ficinus, Professor der Physick und Chemie an der chiurg. medizinischen Akademie zu Dresden, &c. Leipz. und Baltimore, Md. 8vo, zwey abtheilung. S. 324 und 302.

Grundriss der medicinischen Recepterkunst und der systematisch-practischen Arzneimittellehre in tabellarischer Form, für täglich practische Benutzung, als auch zur Repetition bestimmt ; nebst einer Sammlung der wichtigsten und gebräuchlichsten Formeln, sowohl zum therapeutischen gebrauche in geigneten Fällen, wie als practische Beispiele zur Erläuterung der Receptirkunst geordnet von Dr. Carl Johann Alexander Venus, practischem Arzte zu Rastenburg. S. 390. Weimar, 1838.

¹ Lancet, for July 7, 1838, p. 526.

² Brit. and For. Med. Rev., July, 1838, p. 290.